

## PE1651/QQQQQQ

Anonymous submission of 15 February 2018

I am writing here about my experience as a family psychotherapist working with couples, families and individuals in private practice in London. I also practice EMDR, which is the NICE guidelines recommended treatment for Post-Traumatic Stress Disorder. EMDR can also be used to treat phobia, depression and to help heal any distressing memories. Some of my clients have been taking prescribed medication for years. Whilst some of them believe that medication has been helpful, I have also seen some problems as details below:

- **Medicalising life-** Some of my clients were prescribed antidepressants for what to me seems like mentally healthy responses to painful life events. For example, people who experience bereavement were expected (and sometimes expect themselves) to return to normal functioning far too soon, and when this does not happen they try to lift their mood by taking medication. They often report that medication indeed reduced their emotional pain but at the same time made them feel numb, disengaged and 'stuck' in the sense that they did not seem to improve with time. In my view, grief does not have a clear timeline and the bereaved needs to access help in the community or be offered appropriate counselling and only be offered medication as a last resort.
- **Unwanted side-effects-** patients who were prescribed antidepressants reported feeling dizzy, odd, finding it hard to get up in the morning. Many reported changes to their sexual drive (usually a reduction) which often exacerbated their depression and created problems in their couple relationships.
- **Patients lying-** Patients admitted to me having lied to their psychiatrist, GP and family members about their medication taking. They found the side-effects of medication so strong that they felt they had to stop taking it altogether. Some were not able to face the well-intended pressure from their worried family members and resorted to pretending to take the medication. A few of my patients were able to pull themselves out of their depressed state by themselves. I believe that this is a wide phenomenon and that much of the data about the efficacy of psychiatric drugs is therefore skewed.
- **Withdrawal symptoms-** I am always shocked to hear about the process of coming off psychiatric medication. Doctors recommend reducing the dose in half or a third for just a few weeks, then coming off medication altogether. This seems to me extremely abrupt for a person who has been on medication for months. Would a 10% reduction as an initial step not be more sensible? I have seen many clients who were trying to come off medication in this way experiencing a variety of symptoms. Since they get very little information about medication's withdrawal symptoms they assume that they need to

continue to take in order to continue function well, or they become scared of ever trying to stop medication again.